

Caddington Surgery

Patient Participation Group

Minutes

Tuesday 17th March 2015 2014 start time of: 13:00hrs to 14:00hrs

	Item	Action																				
	<p>Present:</p> <table data-bbox="277 606 1185 789"> <tr> <td>Dr Tara Verity</td> <td>TV</td> <td>Alan Poole</td> <td>AP</td> </tr> <tr> <td>Lizzy Smith</td> <td>LS</td> <td>David Jones</td> <td>DJ</td> </tr> <tr> <td>Madeline Thomas</td> <td>MT</td> <td>Peter Crick</td> <td>PC</td> </tr> <tr> <td>Dr Michael Boyce</td> <td>MB</td> <td>Roger Baker</td> <td>RB</td> </tr> <tr> <td>Christine Thompson</td> <td>CT</td> <td>Jan Glenister</td> <td>JG</td> </tr> </table>	Dr Tara Verity	TV	Alan Poole	AP	Lizzy Smith	LS	David Jones	DJ	Madeline Thomas	MT	Peter Crick	PC	Dr Michael Boyce	MB	Roger Baker	RB	Christine Thompson	CT	Jan Glenister	JG	
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1.	<p>Welcome: TV welcomed everyone to the meeting and thanked them for attending. She then proceeded to introduce Lizzy Smith, Caddington Surgery's new Business Manager.</p>																					
2.	<p>2014 Action Plan Update: TV stated that she would like to work through last year's action plan and explained that there has been no requirement to carry out a Patient Survey this year as it has not been a stipulation; also the Surgery is still learning from previous years surveys.</p> <p>2.1 <i>Improve information available when booking appointments:</i> Information on pattern of surgeries was updated in 2014 but since then there have been staff changes and the GP team in the Practice has not yet fully stabilized. Therefore the pattern of which GPs are consulting when still has some variation week to week; this also applies to consultation rooms downstairs and makes it difficult to provide completely accurate up to date information</p> <p>2.1 <i>Text and Online Access to Results:</i> results via text are currently in working progress. Online Access is not yet been confirmed.</p> <p>2.3 The group acknowledged that if both were available, that this would free up the telephone lines.</p> <p><i>Patient Waiting Times:</i> the self-check-in screen gives the number of appointments prior to yours when checking-in. CT stated that her practice advised that if you have a later morning or afternoon</p>																					

<p>2.4</p> <p>2.5</p>	<p>appointment that you ring in and identify if the staff member you are scheduled to see is running to time, then if they are not you don't have to long to wait as you arrive to the advised time.</p> <p>Action: LS to feedback this to Reception staff and gain their thoughts</p> <p><i>First Floor Waiting:</i> the surgery trialled having patients waiting outside the first floor consulting rooms, but this was stopped immediately after last years patient meeting when it was feedback that confidentiality of those patients being seen was being affected as some words could be overheard.</p> <p><i>Stair Lift Risk Assessment:</i> A stairlift had been suggested by many as a way of improving access to the upstairs consulting rooms and we promised in the 2014 action plan to undertake an assessment of the pros and cons of having no stairlift or having a stairlift.</p> <p>LS gave the group feedback on the Risk Assessment that had been carried out regarding having no stair lift in place. It was carried out with five groups of those at Risk; Disabled, Elderly, Pregnant Women, Children and the Frail.</p> <p>The first element covered was 'Trips and/or Falls on the Stairs' with an overall outcome of moderate to low as the stairs are assessed regularly for loose carpet and edgings, there are hand rails both sides and a landing halfway to catch your breath if required.</p> <p>The second element covered was 'Accessibility to First Floor Treatment Rooms' had an overall outcome of moderate to high. Obviously to those wheel chair bound accessing the two rooms on the first floor is not applicable, with regards to the other groups it does have an impact as the time taken to make the stairs eats into each appointment time allocated. However, those that are frail, wheel chair bound, etc. should be able to ensure when booking their appointment they book an appointment in one of the consultation rooms downstairs.</p> <p>The third element covered was 'Installing a Stair Lift' this had an outcome of high in all groups for a number of reasons:</p> <ul style="list-style-type: none"> • One person using the stairs at any one time • Risk to children playing with/on it • Works extremely slowly • Constantly supervised • Maintenance cost • Installation cost <p>All were in agreement that this was not a viable option.</p>	<p>LS</p>
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	<p>Another question raised; what about a lift? All patients established this would be far too expensive, one member of the group with experience of construction explained the roof would have to be removed and the floor dug out in the reception area for installation. TV then explained that the Practice does not in fact own the building , they only lease.</p> <p>Other suggestions made were:</p> <ul style="list-style-type: none"> • Identify when patients are making an appointment they have mobility problems • Alert placed on individuals Systmone record stating ‘needs downstairs room’ <p>Action: LS to take to Reception meeting and ask their opinion and implement.</p>	LS
3.	<p>Appointments and GP Availability: Need to update information who works when and where in the building, for patients booking face-to-face and on-line so they know which doctors are working in the downstairs consultation room.</p> <ul style="list-style-type: none"> • TV had previously explained that unfortunately there has been further change in the GP team with one GP post waiting to be filled and some sessions covered by locums therefore the information available to patients needs to be updated but will be incomplete as there are some changes week to week ; this also applies to consultation rooms downstairs. <p>TV mentioned informal verbal feedback(via AP and others) that there are not enough pre-bookable appointments. AP stated that trying to arrange transport for patients(through the good neighbour scheme) at short notice is not easy; they need at least 24 hours’ notice so more prebooked appointments would be useful, also many of the patients remain unaware that the surgery offers prebooked appointments and has done so for some years.</p> <p>TV stated that we are just about to open half of the afternoon sessions on Tuesday, Wednesday and Thursdays to pre-bookable appointments .The patient group were positive about a trial of this measure.</p> <p>One group member (who has mobility difficulties) was extremely complimentary regarding the Reception staff, stating they have juggled appointments around for him to enable an appointment be booked convenient to him.</p>	

	<p>A number of patients stated that the on-line appointment booking is really helpful and saves a lot of time.</p> <p>TV informed the group that there are quite a number of patients booking online who always write the reason for booking the appointment in the appointment slot, which makes it a lot easier for the staff.</p> <p>MT stated that she had not used the on-line service yet; she generally queues outside but does have to wait a long time.</p> <p>TV clarified that there are two lines and always two members of staff answering the telephones at peak times such as early mornings</p> <p>DJ stated that West Street Surgery patients are able to book up to six weeks in advance, he has also looked into a number of practices and on average patients are able to book up to four weeks in advance.</p> <p>TV clarified that at Caddington you are currently able to book up to eight weeks in advance, but on occasions this has not been possible with the shortage of GPs meaning sessions are not confirmed until a couple of weeks in advance.</p> <p>DJ recommended that more information was available on how patients can book appointments but also that there is the opportunity to pre-book your appointment. One suggestion was to:</p> <ul style="list-style-type: none"> • Newsletter – bi-annual meeting followed by a newsletter, to draw patients to specific areas within the Practice. • More regular meetings • Advertising – i.e. in the Village News leaflet • Patient information TV screen in waiting room. <p>LS stated that West Street have a Jayex screen but unfortunately is not yet aware of how to improve the information that is displayed.</p> <p>Action: LS to look into a Jayex screen for Caddington.</p>	LS
4.	<p>Merger Update:</p> <p>One group member asked as to whether Caddington patients will be able to go to West Street?</p> <p>TV gave an explanation as to the benefits of merging and working with West Street, plus having LS as the Business Manager. It gives us the opportunity of learning from another practice and sharing of knowledge and processes.</p> <p>LS explained that West Street had been able to assist Caddington with patients that required very frequent dressing changes when the nursing</p>	

	<p>resource was temporarily not available here at Caddington, Working together allowed us to facilitate an earlier replacement of our HCA. A number of Partners have swapped Practices for a session so that they can gain an understanding of how each practice works, with also one West Street Partner working a few sessions one week in Caddington to cover a shortfall of GPs. LS is now in the process of commencing the back-office restructure to enable all resources to be fully utilized and ensure that the structure is strong for the future to support both practices.</p> <p>The question was raised ‘are both practices moving in to one building together?’</p> <p>LS explained that most definitely will not be happening, and that West Street have opted out of the new Dunstable Health Centre that is being proposed again.</p> <p>Several members advised that this information be displayed in big bold notices for all to see to stop the gossip/rumors that are being circulated around the village.</p> <p>DJ suggested a big red sign with black font stating, ether:</p> <ul style="list-style-type: none"> • We are not moving • We are staying here • Your Practice is Safe <p>And placing them:</p> <ul style="list-style-type: none"> • Chemist • Public House next door • Lamp Posts • Village notice board 	
<p>5. 5.1 5.2 5.3 5.4</p>	<p>Any Other Business:</p> <p>Rota displayed as to when each Doctor is working, this has previously been addressed earlier in the meeting, this will be carried out as soon as possible.</p> <p>Patient Information Leaflet – TV acknowledged that this needs updating.</p> <p>Phlebotomy Service – reinstating this has made it a lot easier for patients, as opposed to them having to travel to the L&D and wait hours. LS worked through the restrictions and the reasons why.</p> <p>Minor Surgery – will this be carried out across both Practices? LS explained that we will be supporting each other when resources are</p>	

<p>5.5</p> <p>5.6</p> <p>5.7</p>	<p>short when able to, but generally no.</p> <p>What about utilizing the Pharmacist when Practice is busy? One patient stated that he has been really helpful in the past when he's popped in there. TV explained that there is a close working relationship for the benefit of patients but no financial links between the Surgery and the Chemist.</p> <p>Action: LS to invite him to the next meeting</p> <p>Minor Injury – AP raised the question regarding the letter that was circulated from the BCCG regarding Minor Injury, which stated that you could wait at one of the designated surgeries for two hours and be seen. Does this not leave it open for patients to abuse this service if they are unable to get an appointment that day? TV replied that no this has not been the case to date as patients are triaged regarding their ailment before waiting.</p> <p>MB gave a short story from his experience which led to Receptionists are good at listening and picking up on the anxiety within that callers voice as to whether an appointment is urgent especially when it is related to a child, and the receptionists here are exceptionally good at that here at Caddington Surgery.</p>	<p>LS</p>
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